

# Internship Application



IOWA SECRETARY OF STATE

Please email or mail the **completed application form**, a **copy of your resume**, and **description of program requirements** if seeking academic credit to:

Email: [sos@sos.iowa.gov](mailto:sos@sos.iowa.gov)

Mail: Office of the Secretary of State

Attn: Internship Application

State Capitol

Des Moines, IA 50319

## General Information:

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Academic Information:

High School Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

High School Address: \_\_\_\_\_

College or University: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

Extracurricular/Military/Community/Volunteer activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Office Information:

Will you be receiving academic credit for this internship? YES \_\_\_\_\_ NO \_\_\_\_\_

Check the term(s) you are interested in applying for:

Spring  
(Jan-May) \_\_\_\_\_

Summer  
(June-Aug) \_\_\_\_\_

Fall  
(Sept-Dec) \_\_\_\_\_

Dates of availability: \_\_\_\_\_

Weekdays and Hours you will be available to work weekly:

Monday	Tuesday	Wednesday	Thursday	Friday

## References:

*(Please provide three references)*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please be sure you have completed and included this application form, a copy of your resume, and description of program requirements if seeking academic credit.

If you have any questions, please contact our office at 515-281-8993